

Daily Record

Week of _____

Anytime, Anywhere Balance

You might want to make copies of this form. Leave this one blank, so you can copy it as needed.

Check the box of each exercise you did.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--------------|--------|---------|-----------|----------|--------|----------|
| Anytime, anywhere balance. <i>Check the box of each exercise you did:</i> | | | | | | | |
| Stand on one foot | Left | | | | | | |
| | Right | | | | | | |
| Stand and sit without using hands | | | | | | | |
| Walk heel-to-toe | | | | | | | |